

EXAMINING BOARD OF PHYSICAL THERAPISTS AND ATHLETIC TRAINERS

CONTINUING EDUCATION UNIT ACTIVITY REPORT (CEUAR) FOR 2005 RENEWAL

NAME: \_\_\_\_\_ CIRCLE: PT PTA AT SOCIAL SECURITY # \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**PLEASE READ THE FOLLOWING INFORMATION.**

THE CONTINUING EDUCATION (CE) REQUIREMENTS ARE CONTAINED IN SECTION 7.0 OF THE BOARD'S RULES AND REGULATIONS. CURRENT RULES MAY BE FOUND AT [www.dpr.delaware.gov](http://www.dpr.delaware.gov).

THE CE REQUIREMENT IS 3.0 CEU'S COMPLETED FROM 12/1/02 THROUGH 11/30/04 UNLESS THE BOARD FIRST APPROVED YOUR LICENSURE AFTER 1/31/03. (If you are unsure when your licensure was approved, refer to the approval letter sent to you or contact the Board office at 744-4533 or [melissa.wheatley@state.de.us](mailto:melissa.wheatley@state.de.us).) IF YOUR LICENSE WAS FIRST APPROVED AFTER 1/31/03, THE CEU REQUIREMENT IS PRORATED. SEE RULE 7.3.1.

TO REPORT YOUR CONTINUING EDUCATION, COMPLETE THE TABLE ON REVERSE. PLEASE NOT ENCLOSE DOCUMENTATION OF CE (e.g., CERTIFICATES OF ATTENDANCE) UNLESS THIS PACKET INCLUDES A LETTER NOTIFYING YOU THAT YOU HAVE BEEN SELECTED FOR AUDIT.

YOU MUST COMPLETE THE REQUIRED CE BY NOVEMBER 30, 2004. FAILURE TO COMPLETE THE CE REQUIREMENT BY NOVEMBER 30, 2004 WILL RESULT IN LAPSE OF YOUR LICENSE. NO EXTENSIONS WILL BE GRANTED. THIS REPORT IS DUE NO LATER THAN NOVEMBER 30, 2004. IF YOU WISH TO REQUEST A WAIVER ON THE BASIS OF HARDSHIP, SEE RULE 7.3.5.

RETURN COMPLETED FORM AND, IF AUDITED, ACCOMPANYING DOCUMENTATION TO:

Division of Professional Regulation  
Examining Board of Physical Therapists  
Cannon Building, Suite 203  
861 Silver Lake Blvd.  
Dover DE 19904-2467

PLEASE COMPLETE AND SIGN ON REVERSE. INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED.

DATE (must be 12/1/02 through 11/30/04)	TYPE ( <b>See Rule 7.3.7.</b> Examples are workshop/seminar, self-study, in-service, licensing exam, etc.)	SPONSOR	PROGRAM TITLE	ENTER <b>CEU'S</b> (See rules 7.3.2 and 7.3.7 for calculation. Exclude breaks and meal periods.)

If you need more room, attach a separate sheet.

**TOTAL CEU'S COMPLETED:** \_\_\_\_\_  
**(MUST EQUAL OR EXCEED 3.0 UNLESS PRORATION APPLIES)**

**I certify that**

1. I have attended and completed the above number of credit/hours of recognized continuing education courses and/or conferences.
2. I have maintained official certificates of attendance for all the programs listed and will provide them to the Board if requested.
3. I will maintain official certificates of attendance for all the programs I attend from 12/01/04 through 11/30/06.
4. I completed the report above and all the information is true and accurate and subject to Board verification and audit.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_